

REPORTS INVENTORY						CONTROL NO. DDS/OL/SD-49 XXXXXXXXXX	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (If a fill-in report include Form No.) Location <input type="checkbox"/> Error Readouts						2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL <input type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL		<input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input type="checkbox"/> FINANCE		ADMIN. GENERAL OTHER (specify)	
4. NO. OF COPIES PREPARED 2		5. FREQUENCY (weekly, monthly, quarterly, etc.) Semi-Monthly		6. DISTRIBUTION (No. of components not number of copies) 2			
7. FORMAT (memorandum, form computer print-out, etc) Comput Readout		8. ADP PROCESSING <input checked="" type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input type="checkbox"/> NO 103		9. DIRECTIVE AUTHORITY REQUIRING REPORT			
10. PREPARING COMPONENT (include lowest level contributing information to report) OCS OL/SD/SMB/GMMS - <input type="checkbox"/>				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR
GS-5	3.15	1	=	3.15	24	=	75.60
B. COSTS OF COMPUTER PRODUCED REPORTS							
			=	.03	48	=	1.44
TOTAL COSTS PER YEAR						76.04	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. This report is required to correct <input type="checkbox"/> error readouts, caused by erroneous computer input. Since both the <input type="checkbox"/> and OL/Management are involved in these actions, both receive distribution of this report.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						ESTIMATED SAVINGS MAN-HOURS DOLLARS	
16. DATE OF INVENTORY 25 Sept 70		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION <input type="checkbox"/> - AC/OL/SD/SMB/GMMS				18. EXTENSION <input type="checkbox"/> STA	